

BioAMS Sample Submission Sheet							
Date Submitted:		Sample Storage (freezer, fridge, RT ?):					
Submitter Information:							
Name:							
Phone:							
Fax :		Test Compound Information:					
email:		Name					
		FW/MW					
Project Information:		Sp. Act. mCi / mmol					
RR Project Number:							
Project Title:							
Sample Information:							
Description of Samples / Experiment Generating Samples:							
Total Number of Experimental Samples Submitted:							
# Test samples:							
# Controls:							
# Blanks:							
Special information needed for metabolite extracts/HPLC fractions:							
Composition of buffer or solvent:							
		Type of Sample (tissue, DNA, cells, HPLC fractions, etc.)	Form (dried solid or liquid)	Quantity of Sample	Expected Level of 14C (DPM or equivalent)	Method of Determination (LSC or process knowledge, etc.)	Additional Information, if needed.
Sample #	Tube / Container label:						
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(Please create a continuation sheet for additional samples.)							